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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number

10/763,711

Filing Date

January 23, 2004

First Named Inventor

Steven Allen Poll

Art Unit

3679

Examiner Name

David E. Bochna

Attorney Docket Number

035162.085001

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☒

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a

☐

Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☐

Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Warner Norcross & Judd LLP

Signature

Printed name

Chad E. Kleinheksel

Date

September 14, 2005

Reg. No.

53 141

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Date

September 14, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : David E. Bochna
Group Art Unit : 3679
Applicant : Steven Allen Poll
Serial No. : 10/763,711
Filed : January 23, 2004
For : COMPRESSION CAP
Attorney Docket No. : 035162.085001

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE

In response to the Office Action mailed June 15, 2005, the period for response being until September 15, 2005, please amend the above-identified patent application as set forth on the following pages:

[The remainder of this page is intentionally blank.]